MIAMI-DADE COUNTY

Delivering Excellence Every Day

Miami-Dade County
Emergency Evacuation Assistance Program

Applicant Instructions and Information

The Emergency Evacuation Assistance Program is designed for people with special needs living at home that need assistance with evacuation. Eligible applicants have a medical condition that requires specialized sheltering not available in a hurricane evacuation center. Residents of assisted living facilities or nursing homes do not qualify.

The registry may be used for any emergency requiring evacuation, such as flooding, hurricanes or hazardous material spills, such as gas leaks. Resources are limited and those persons registered will have priority when an emergency arises. **Do not wait until an evacuation begins to request being added to the registry.**

Shelters will **only** be available as a **last resort** for people who have **no other place to go**. If you need to evacuate, you should first seek shelter with relatives, friends or community organizations. Special Needs Shelters do not offer the same level of care or equipment available at health care facilities. Only basic care and assistance are available. A caregiver **must** accompany you and remain with you during your stay in the shelter.

Supplies and food at Special Needs Shelters are limited. You must bring a disaster kit that includes bedding, medications and personal supplies (food, water, and medical equipment). It is highly recommended that you eat a meal prior to leaving your home and bring special dietary foods with you.

All sections of this application must be completed. Your health care provider must complete and sign the back portion of this application prior to submitting it to our office. If more than one person in your household needs assistance during evacuations, each person must complete a separate application. Special instructions and a registration card will be mailed to you once your application has been processed. Read these instructions **carefully** and keep them in a safe place. Prepare wisely and stay alert to the media for evacuation times during emergencies.

You will be contacted on an annual basis to re-certify your need for this program. You do not need to complete an application every year. If you have questions or need further information, please call the Special Needs Hotline at (305) 513-7700. Return the completed application to:

Miami-Dade Office of Emergency Management
9300 NW 41 Street
Miami, FL 33178

This application is available in English, Spanish, Creole and Braille (upon request). If you need disaster preparedness tips, contact the Answer Center at (305) 468-5900 (TTY/TDD users call (305) 468-5402). You may also visit our website for more information: www.miamidade.gov/oem

Application for the Emergency Evacuation Assistance Program

Please read the instructions and information provided before completing the form. **This form must be completed in full or it will be returned to you.**

Please print clearly.

Date of Application: ____/____/____

Last Name: _____ First Name: _____ MI: _____ Sex: ___M ___F

Date of Birth: ____/____/_____ Social Security Number: _____-_____-_____

Type of Residence: ☐ House/Duplex ☐ Apt/Condo (What floor? ____) ☐ Mobile Home/Trailer
☐ Group Home ☐ Nursing Home

Address: _____ Apt/Lot #: _____

City: _____ Zip Code: _____

Mailing Address (if different from above): _____

Telephone: Home: (_____)_____ (TTY/TDD line ☐ Yes) Work: (_____)_____

Primary Language: _____

Name of nearest friend or relative (not living with you): _____

Home phone: (_____)_____ Work phone: (_____)_____

Address: _____ City: _____ Zip: _____

I certify that one companion will accompany me to the special needs shelter.

Companion's name: _____

What type of assistance do you require on a daily basis? (Check all that apply)

☐ personal care (dressing/toileting)
☐ guidance (blind/visual impairment)
☐ communicating: (☐ deaf ☐ nonverbal)
☐ skilled medical/mental health care: (☐ intermittent ☐ continuous)
☐ mobility (walking/transferring)
☐ feeding
☐ wound care If yes, what type of wound:_____
☐ oxygen: (☐ intermittent ☐ continuous)
☐ taking medication
☐ dialysis
☐ airway suctioning

Do you use medical equipment requiring electricity? ☐ Yes ☐ No **(☐ intermittent ☐ continuous)**

Specify medical equipment requiring electricity: _____

Are you receiving hospice or home health care? ☐ Yes ☐ No

Agency: _____Phone:_____

Do you require transportation to a shelter be provided for you? ☐ Yes ☐ No

I use: ☐ Wheelchair (self transferable ☐ Yes ☐ No) ☐ Walker/Cane ☐ Crutches ☐ Guide dog/Service animal

I am bed bound: ☐ Yes ☐ No

Where did you learn about this evacuation assistance program?

☐ From my home health agency or health care facility. Which one? _____
☐ From the television, radio, or newspaper
☐ On the Internet
☐ From a speaker at a presentation
☐ Other: _____

I have the following conditions that are listed in state law as criteria for eligibility: (Check all that apply)

☐ **Alzheimer's Disease**
☐ early ☐ moderate ☐ advanced

☐ **Cardiac**
☐ stable ☐ unstable

☐ **Cerebrovascular Accident (CVA)**

☐ **Chronic Obstructive Pulmonary Disease (COPD)**

☐ **Cystic Fibrosis**

☐ **Continuous Ambulatory Peritoneal Dialysis (CAPD)**

☐ **Dementia**

☐ **Emphysema**

☐ **Muscular Dystrophy**

☐ **Hip replacement**
☐ less than six months
☐ more than six months

☐ **Knee replacement**
☐ less than six months
☐ more than six months

☐ **Neuro-muscular disorders**
☐ early ☐ moderate ☐ advanced

☐ **Parkinson's Disease**
☐ early stages ☐ advanced

☐ **Psychosis**
☐ controlled ☐ uncontrolled

☐ **Seizures**
☐ controlled ☐ uncontrolled

Other: _____

Name of person filling out form: _____**Telephone Number: (____)_____**

Applicant Signature & Health Insurance Portability and Accountability Act (HIPAA)

I certify that this information is correct. I understand that based on this application and the data I have provided, the Miami-Dade Office of Emergency Management (MDOEM) will determine which emergency evacuation assistance, if any, this program may be able to provide. I understand that assistance will only be provided for the duration of the emergency and that alternative arrangements should be made in advance in the event I am not able to return to my home. **I also understand that I am responsible for transportation charges for my evacuation and any costs associated with my stay at a hospital or other medical facility.** I grant permission to medical providers and transportation agencies and others as necessary to provide care and disclose any information required to respond to my needs.

HIPAA Privacy Rule: By signing this Authorization, I hereby allow the use or disclosure by MDOEM of my medical information pertaining to my health or me, as defined in the regulations promulgated under the Health Insurance Portability and Accountability Act of 1996, the HIPAA Privacy Rule, to be used for my evacuation to the appropriate shelter or facility.

I understand that information used or disclosed pursuant to this Authorization may be subject to disclosure by the recipient for the purposes of evacuation, sheltering, transportation and any medical care pursuant to these services.

I understand that I have the right to revoke this Authorization at any time except to the extent that MDOEM has already acted in reliance on the Authorization. To revoke this Authorization, I understand that I must do so by written request to the Miami-Dade County Office of Emergency Management, 9300 NW 41 St, Miami, FL 33178, Attention: Special Needs Registry Coordinator.

I understand that if I choose to revoke this Authorization, I will no longer be part of the Special Needs Registry and will not be evacuated.

Signature of Applicant: _____ **Date**: _____

This section must be completed by Health Care Provider. Please print.

Health Care Provider: _____

Phone: (___)_____

Primary Diagnosis: _____ **Secondary Diagnosis:** _____

To the best of my knowledge and belief, the information provided on this form is correct and complete.

Health Care Provider's Signature: _____ **Date:** _____

Provider's License Number: _____

EMEOEM
Office of Emergency Management
9300 NW 41 Street
Miami, FL 33178